Entered - 9-10-98 - sb CL98L0612 - ALEXIS HOLMES

CLAIM OF: CHARLES SEABORN

207 Palatka Street, S.E. Atlanta, Georgia 30317

For damages alleged to have been sustained as a result of vehicular damage due to broken glass on August 25, 1998 at 207 Palatka Street SE.

THIS ADVERSED REPORT IS APPROVED

BY: KOSOLITÓ KUBENS NEWELL

DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. 98L0612   | _ Date   | : <u>1/29/01</u>      |                        |  |  |
|---|--|-----------------------|------------------------|--|--|
| Claimant /Victim_ CHARLES SEABO   | PRN  |                       |                        |  |  |
| BY: (Atty)  |  |                       |                        |  |  |
| Address: 207 Palatka Street, S.F.   | ., Atlanta, Georgia 30317  |                       |                        |  |  |
| Subrogation: Claim for Proper   | ty damage \$150.00   | Bodily Injury \$      |                        |  |  |
| Date of Notice: 9/4/98  | Method: Written, proper X  | Impr                  | oper                   |  |  |
| Subrogation: Claim for Proper Date of Notice: 9/4/98 Conforms to Notice: O.C.G.A. §36-33- | 5 X Ante Li  | tem (6 Mo.)           | X                      |  |  |
| Date of Occurrence 8/28/98  | Place: 207 Palatka Street  | t, S.E.               |                        |  |  |
| Department <u>Unknown</u> Employee involved   | Division:  |                       |                        |  |  |
| Employee involved   | Disciplinary Action  | n:                    |                        |  |  |
| NATURE OF CLAIM: The claimant alle  | ges his car hubcan hit glass causing d   | amage to his vehic    | le However claimant    |  |  |
| moved after filing this claim, and did no   | of leave a forwarding address. A di  | ligent effort has be  | een made to locate the |  |  |
| claimant, to no avail.  | Transport of the state of the s | inguitt offert may ov | oon made to recate the |  |  |
|   |  |                       |                        |  |  |
| INVESTIGATION:  |  |                       |                        |  |  |
| Statements: City employeeC  | Claimant Other   | Written               | Oral                   |  |  |
| Pictures Diagrams   | Reports: Police Dept Rep   | ort                   | Other                  |  |  |
| Traffic citations issued: City Driver   | Claimant Driver_   |                       |                        |  |  |
| Citation disposition: City Driver   | Claimant Driver  |                       |                        |  |  |
| BASIS OF RECOMMENDATION:  |  |                       |                        |  |  |
| Function: GovernmentalMore than   | X Ministerial  |                       |                        |  |  |
| Improper Notice More than   | Six Months Other   | Damages reaso         | onable                 |  |  |
| City not involved   | Offer rejected Con   | ipromise settleme     | nt                     |  |  |
| City not involved   | Repair/replacemen  | nt by City Forces     |                        |  |  |
| Claimant Negligent City I   | legligentJoint   | Claim Abando          | ned X                  |  |  |
|   | Respectfully submitted,  |                       |                        |  |  |
|   |  | s Holm                | 162                    |  |  |
|   | INVESTIGATO  | OR - ALEXIS HO        | LMES                   |  |  |
| RECOMMENDATION:   | 7  |                       |                        |  |  |
| Pay \$ Adverse  | X Account charged: 1A01  | 2J01                  | 2H01                   |  |  |
| Claims Manager:   | X Account charged: 1A01Concur/date   | 01-3001               |                        |  |  |
| Committee Action:   | Council Action   |                       |                        |  |  |
| FORM 23-61  | -  |                       |                        |  |  |

|  |  |  | •   | _  | 71112  |
|--|--|--|---|--|--|
|  | HE CITY OF ATLAN   | TE VE  | RE: CLAIM FOR   | DAMAGES  | 09/08/98<br>Du                               |
| City Hall<br>55 Trinity Avenu<br>Atlanta, Georgia  |  | p – 4 1998   | Today's Da<br>ENTERED - 9-10-<br>98L0612 - ANTHO  |  |  |
| Dear Municipal   |  | W DEPT   | · ·   |  | 000  |
| and/or \$  | bodily   | injury for which I co  | damages in the amount ontend the City is liable.  |  |  |
| 1. Date of inciden   | t <u> </u>   | 8 98 2. Tim<br>/ year)   | e of Incident:  | 3. Police called: _  | Yes No                                       |
| 4. Location of inci  | dent (including street ad  | ldress):   | PalaTka S   | <u> </u>   |  |
| 5. Name of your in   | rsurance company:  |  |   | Policy No  | <del></del>                                  |
| 6. State what and  | how incident occurred:   | (  | "an Ilubc   | up HIT G   | lass.  |
|  |  | · <del>· · · · · · · · · · · · · · · · · · </del>  |   |  |  |
|  |  |  |   |  |  |
| <del>-</del>   |  |  |   | · · · · · · · · · · · · · · · · · · ·  |  |
| 7. ALL ESTIMA  | TES AND DAMAGE   | ES ARE SUBJECT T   | O INSPECTION. THE   | MAKING OF FALSE C  | LAIMS WILL                                   |
| RESULT IN Y  | YOUR CLAIM BEING   | G DENIED AND M   | AY RESULT IN CRIMI  | VAL PROSECUTION!   |  |
| 8. The registere   | YOUR CLAIM BEING<br>ed owner must mal  | G DENIED AND M<br>ke the claim for v   | AY RESULT IN CRIMII ehicle damages, compl   | NAL PROSECUTION!<br>ete the following and  |  |
| 8. The registere estimates of r  | YOUR CLAIM BEING<br>ed owner must mal  | G DENIED AND M<br>ke the claim for v   | AY RESULT IN CRIMI  | NAL PROSECUTION!<br>ete the following and  |  |
| 8. The registere   | YOUR CLAIM BEING<br>ed owner must mal  | G DENIED AND M<br>ke the claim for v   | AY RESULT IN CRIMII ehicle damages, compl   | NAL PROSECUTION!<br>ete the following and  | d attach two (2)                             |
| 8. The registere estimates of r  | YOUR CLAIM BEING<br>ed owner must make<br>epair and proof of or  | G DENIED AND M<br>ke the claim for v<br>wnership of your ve  | AY RESULT IN CRIMIT<br>ehicle damages, complehicle (copy of the current   | NAL PROSECUTION! ete the following and tag receipt or title).  | d attach two (2)                             |
| 8. The registere estimates of r  | YOUR CLAIM BEING<br>ed owner must make<br>epair and proof of or  | G DENIED AND M<br>ke the claim for v<br>wnership of your ve  | AY RESULT IN CRIMIT<br>ehicle damages, complehicle (copy of the current<br>(Tag Number)   | NAL PROSECUTION! ete the following and tag receipt or title).  | d attach two (2)                             |
| 8. The registere estimates of r  | ed owner must make epair and proof of or (Make)  | G DENIED AND M ke the claim for v wnership of your ve  (Year)  | ehicle damages, complehicle (copy of the current (Tag Number)   | ete the following and tag receipt or title).  (Driver's Note: Department/Bits.)  | d attach two (2) Name)                       |
| 8. The registere estimates of r Your vehicle: City vehicle:  | YOUR CLAIM BEING<br>ed owner must make<br>epair and proof of ou<br>(Make)  | G DENIED AND M ke the claim for v wnership of your ve  (Year)  | AY RESULT IN CRIMIT<br>ehicle damages, complehicle (copy of the current<br>(Tag Number)   | ete the following and tag receipt or title).  (Driver's N  | d attach two (2) Name)                       |
| 8. The registere estimates of r Your vehicle:  City vehicle:  9. Witness:  10. The acknowle  | (Make)  (Name)  edgement of this clai  | G DENIED AND M  ke the claim for v  wnership of your ve  (Year)  (City Drive   | ehicle damages, complehicle (copy of the current (Tag Number)   | ete the following and tag receipt or title).  (Driver's Note that (Department/But)  (Telephone Numery of the City of Atlant  | Vame)  Ureau)  Inber)  Ita, as granted by    |
| 8. The registere estimates of r Your vehicle:  City vehicle:  9. Witness:  10. The acknowle State law, not   | (Make)  (Name)  edgement of this clai  | control of the contro | ehicle damages, complehicle (copy of the current (Tag Number)  (Tag Number)  (Address)  es the Sovereign immunity of the City of Atlanta                              | ete the following and tag receipt or title).  (Driver's Note that (Department/But)  (Telephone Numery of the City of Atlant  | Vame)  Ureau)  Inber)  Ita, as granted by    |
| 8. The registere estimates of r Your vehicle:  City vehicle:  9. Witness:  10. The acknowle State law, not 11. This claim sh   | (Make)  (Make)  (Make)  (Make)  edgement of this clair is it an admission of the could be mailed immediately and the could be could be could be could be mailed immediately and the could be cou | Make the claim for volumership of your volumership of liability on behalf ediately to the address THAT THE ABOVE   | ehicle damages, complehicle (copy of the current (Tag Number)  (Tag Number)  (Address)  (Address)  (Sthe Sovereign immunity of the City of Atlanta (ress shown above. | ete the following and tag receipt or title).  (Driver's Note that (Department/But)  (Telephone Numery of the City of Atlant  | Vame)  Ureau)  Inber)  Ita, as granted by    |
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| 8. The registere estimates of r Your vehicle: City vehicle:  9. Witness:  10. The acknowle State law, not 11. This claim sh I HEREBY SV INFORMATIC   | (Make)  (Make)  (Make)  (Make)  (Make)  (Make)  (Make)  (Make)   | Make the claim for volumership of your volumership of liability on behalf ediately to the address THAT THE ABOVE   | ehicle damages, complehicle (copy of the current (Tag Number)  (Tag Number)  (Address)  (Address)  (Sthe Sovereign immunity of the City of Atlanta (ress shown above. | (Driver's Note that the Compartment of the City of Atlantand/or its employee(standard Clamaint's Name Cala Tka Standard Clamaint Clamaint's Name Cala Tka Standard Clamaint Clamai | Name)  Ireau)  Ita, as granted by  ).        |
| 8. The registere estimates of r Your vehicle: City vehicle:  9. Witness:  10. The acknowle State law, not 11. This claim sh  | (Make)  (Make)  (Make)  (Make)  (Make)  (Make)  (Make)  (Make)   | Make the claim for volumership of your volumership of liability on behalf ediately to the address THAT THE ABOVE   | ehicle damages, complehicle (copy of the current (Tag Number)  (Tag Number)  (Address)  (Address)  (Sthe Sovereign immunity of the City of Atlanta (ress shown above. | (Department/But)  (Department/But)  (Telephone Numand/or its employee(sum)  (Address)  | Name)  Ireau)  Ita, as granted by  Ita.      |
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